**Attachment 3**

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| --- | --- | --- | --- |
| **(*Insert Name* ) FOOTBALL CLUB *(Rule 4(b))*** | | | |
| NON CONTRACTED PLAYER STATEMENT | | | |
|  | **Surname** | **First name** | **Signature** |
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In signing this document the Player hereby confirms and declares that he or she and their Associates will:

1. receive Player Payments for the 20**XX** season less than the Individual Player Payment Threshold ($0 for the WRFL); or
2. not receive any Player Payments for the 20**XX** season and is expected to, or has played in the Senior Team in the current season,

and is not required to sign a Player Contract in accordance with the provisions of WRFL Player Payment Rules.

We hereby verify that this is an accurate statement of all of Non Contracted Players registered with the club.

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President Secretary/ Treasurer / Football Manager (delete as relevant)